

# Connecticut Pharmacists Association

Testimony Submitted to the Judiciary Committee  
Wednesday, March 7, 2012

**Re: *HB 5389: AAC the Palliative Use of Marijuana***

Good morning Senator Coleman, Representative Fox and members of the Judiciary Committee. My name is Marghie Giuliano. I am a pharmacist and Executive Vice President of the Connecticut Pharmacists Association, a professional organization representing close to 1,000 pharmacists in the state.

I want to apologize for not being able to attend the hearing. The American Pharmacists Association is having their national convention and I was obligated to attend. However, because we have a strong interest in this legislation I am submitting written testimony to **cautiously support** HB 5389: AAC the Palliative Use of Marijuana. I am pleased to see that changes have been made to the legislation from last year that will offer some securities and stringent oversight of medical marijuana.

Last year our organization supported legislation that would distribute medical marijuana through the current drug distribution process we use for any other controlled substance. We continue to support legislation that would use that distribution process and provide the necessary government oversight.

**Recommendations that we continue to support are as follows:**

**1. Make Marijuana a Schedule II Controlled Substance**

- Moving Marijuana to a Schedule II class is in Section 16 (b)(e) of this legislation stating that not later than January 1, 2013 the Commissioner of Consumer Protection shall submit amendments to sections 21a-243-7 and 21a-243-8 of the regulations of Connecticut state agencies to the standing legislative regulation review committee to reclassify marijuana as a controlled substance in schedule II under Connecticut controlled substance scheduling regulations.
- Federal classification supercedes state classification when federal law is more stringent. However, if our process is in line with state law the DEA would be less inclined to prosecute prescribers, pharmacists, dispensaries, and growers
- **Because marijuana has a high potential for abuse it would be prudent to follow well established oversight for Schedule II drugs. Schedule II drugs require a "new" order each time a prescription is written. If we are moving Medical Marijuana to a Schedule II drug, it is critical that we follow all the laws regarding this classification. The proposed legislation would allow refills for one year. I strongly recommend amending Section 2 (d) to align with current law. This also would limit any excess marijuana from being available and/or circulated by unauthorized individuals.**

**2. Distribute Medical Marijuana through registered dispensaries**

- We are pleased to see that this proposal includes using licensed dispensaries to dispense medical marijuana. Clarification is needed on the definition of a

“Licensed dispensary.” A dispensary is a site not a person. Suggested change to the definition is “....dispensary means a facility licensed by the DCP which is deemed to be qualified to acquire, possess, distribute and dispense marijuana pursuant to sections 1 to 15, inclusive of this act **and is operated by a pharmacist licensed pursuant to chapter 400j of the general statutes.**”

- Regulations should mirror the security requirements for licensed pharmacies.
- Section 9 needs to be amended to again differentiate that a dispensary is a site.
- **It is critical to include language similar to language used for physicians in Section 6 stating that no pharmacist shall be subject to arrest or prosecution. This is somewhat addressed in Section 11 – however it talks about licensed dispensaries – not pharmacists.**

3. **Tracking the use of Medical Marijuana through the Prescription Monitoring Program (PMP)**

- As with any other order for a controlled substance, each dispensary should be mandated to provide information to the Department of Consumer Protection for “certificates/prescriptions” filled by submitting this information into the state’s PMP. This system has several benefits:
  - It allows the prescriber to check the PMP to see if the patient that is requesting medical marijuana has been seen by other prescribers or is potentially “doctor shopping” for it;
  - It allows the pharmacist to check the PMP to see if the patient has had this filled elsewhere and by a different prescriber;
  - The DCP would have reports at their fingertips to track and monitor who is receiving, prescribing and dispensing marijuana. It would make enforcement of these regulations feasible.
  - Authorities would have access to this information to confirm if a patient is eligible to have Medical Marijuana with them if they are “stopped” for other violations.
- The proposed legislation does not include any language to provide for this tracking. It might be assumed that this would occur since MM would be moved to a Schedule II status. **I strongly recommend that provisions are made to ensure the use of the PMP for medical marijuana**

4. **Require Prescribers to Obtain a Special Designation to Prescribe:**

- CPA continues to advocate that prescribers be required to get a special designation or license from the state in order to write for medical marijuana. Currently there is a system in place for prescribers who are allowed to prescribe the drug Suboxone which is used in patients to minimize the effects of drug withdrawal. Prescribers get an “X” designation on their DEA number that informs the pharmacist that this prescriber is allowed to prescribe this particular drug. **A similar system should be set up to allow only certain prescribers the authority to prescribe marijuana.** Physicians should be educated on the use of medicinal marijuana and on the prescription process.
- Again, considering the potential for abuse of this product it is an added process that would provide additional oversight.

5. **All Marijuana should be Grown and Produced by Licensed Growers:**

- There needs to be standards on growing, quality assurance, labeling, packaging and dosing of medical marijuana. Growers should have the responsibility to provide standardized medical-grade marijuana that should arrive at dispensaries packaged, labeled and ready to dispense.

**Section 13** of this legislation provides that the Commissioner of Consumer Protection establish a Board of Physicians who are knowledgeable about the palliative use of marijuana. **We would recommend that this board be more broadly defined and include the expertise of pharmacists who are knowledgeable in the pharmacologic properties of marijuana. Pain management pharmacists should also be included since they would have invaluable input in the design of treatment protocols with regard to dosing, dosage venues and projected outcomes for patients using Medical Marijuana.** Their insight can assist in determining if the drug is effective in additional debilitating medical conditions.

In conclusion, the CPA cautiously supports this legislation with the above mentioned recommendations. **We agree with opponents of the bill that if left without strict oversight, medical marijuana will be problematic for Connecticut.** The CPA hopes that the committee will strongly consider the recommendations that we have presented. We recognize that the federal government still considers marijuana an illegal substance. However, the purpose of this legislation is to allow patients who truly need this medication to improve their quality of life without having it for sale through head shops and on street corners. If we can do this, perhaps our state will be a model for the rest of the country.

In essence, we are arguing for a chance to test the scope of the ruling of the U.S. Department of Justice that they will not prosecute people acting in compliance with state medical marijuana laws. Let's do this right.

*Thank you for your consideration and please feel free to reach out to me with any questions about our recommendations.*